NIH POLICY MANUAL

1730 - FORMS MANAGEMENT
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A. Purpose:

This chapter defines procedures for obtaining (1) approval for new and revised forms; (2) reorders of forms; (3) forms analysis and design services; (4) copy preparation and reproduction services; and (5) information on stocking of NIH forms.

B. Background and References:

1. Federal Information Resources Management Regulation 201-45.104 and GSA's Handbook, Forms Analysis and Design.

2. Privacy Act of 1974 (5 U.S.C. 552a).

3. Paperwork Reduction Act of 1980 (44 U.S.C. 3501 et. seq.) and implementing regulations (5 CFR 1320).

4. Office of Management and Budget Circular A-108.

5. HHS Forms Management Manual and supplements.

6. HHS Printing Management Manual.

7. PHS General Administration Chapter 45-12.

C. Responsibilities:

1. The Records Management Branch (RMB), Division of Management Policy (DMP), OA, is responsible for the overall operation of the NIH forms management program, except as otherwise noted.

2. The Project Clearance Officer in the Office of Extramural Research and Training (OERT) is responsible for clearing plans and forms requiring Office of Management and Budget approval. OERT will act as liaison with other DHHS components and the Office of the Secretary on forms clearance matters, except financial reports and related forms.

3. The Division of Financial Management is responsible for clearance of grant

and research contract financial report forms requiring Office of the Secretary approval.

4. Each form's originating office is responsible for maintaining supplies of forms not stocked in Central Stores.

5. The Supply Branch (SB), Division of Logistics, is responsible for stocking forms when SB determines it is cost-effective to do so. (See NIH Manual 26101-27-2 - formerly 2600-103-27-2.) SB is responsible for establishing and maintaining records required for "accountable forms."

6. Each bureau, institute, and division is responsible for naming a forms clearance officer who will review forms proposals, obtain necessary clearances, and notify the Records Management Branch, DMP, when forms become obsolete, are superseded or are in need of revision.

7. For forms used within a Privacy Act system of records, the "system manager" will review all proposals for new, revised, or reprinted forms used in the system for conformity with the system notice and for compliance with requirements described in Section K2 and Appendix 1 of this chapter.

8. Each BID Privacy Act Coordinator is responsible for reviewing each new or revised forms proposal originating in the organization, which will be subject to the Privacy Act's provisions governing the following:

- requests for disclosure of Social Security Numbers
- records on exercise of first amendment rights systems of records on individuals. Each Privacy Act Coordinator will determine if the content, use, and filing of a form conforms with requirements of the Act.

D. Definitions:

1. "Form" means a fixed arrangement of captioned spaces designed for entering and extracting prescribed information, including ADP systems forms and printed paper forms. A form standardizes and simplifies the collection or dissemination of data. Forms include stationery, post cards, labels, and tags.

Certain printed documents without fill-in space, such as certificates and contract provisions, are designated as forms when they are widely used and controlled as forms for purposes of reference, printing, stocking, distribution,

and use with other forms.

2. Revised Form is a new edition of a current form which changes format text, or specifications. Each NIH form shows a date of issue with the form number so that it is easy to distinguish between various editions of the same form.

3. Information Collection Form (public use form) is a form which asks the same questions of ten or more persons (generally defined as non-government employees). The Paperwork Reduction Act of 1980 and the implementing regulations (5 CFR 1320) require advance approval from Office of Management and Budget (OMB) on such forms. These forms must carry an OMB clearance number and
expiration date printed on the form. Questionnaires that are the product of NIH contracts are included in this requirement.

4. Accountable Form is a form for which NIH must "account" for the use of each individual form. It documents basic financial transactions - money received and money paid out or deposited. Requisitioning, custody, and use of accountable forms is limited to authorized
personnel. Often accountable forms will carry a serial or other distinguishing number. Records for the issuance of these forms are required to be maintained on Form HHS 190, Accountability Record for Accountable Forms. (See Illustration 1.)

E. Policy:

1. use forms whenever they will increase efficiency in collecting, storing, disseminating, or using information; increase productivity; or improve the quality or effectiveness of operations.

2. issue and use forms in compliance with all applicable laws, regulations, and directives.

3. increase the usefulness of forms through proper design; to reduce costs incident to filling in, using and filing forms, and to achieve savings in designing, printing, storing and distributing forms.

4. provide centralized control of creation, revision, reprinting and numbering of NIH forms. This control is exercised by the Records Management Branch, Division of Management Policy. Each NIH form must be approved by DMP and assigned an NIH form number by DMP before the form is submitted for printing.

5. delegate to bureaus, institutes, and divisions authorities and responsibilities for management of forms originated and used within a BID whenever (a) the BID commits an adequate level of resources to forms management and (b) achievement of the goals of forms management, as defined in numbers 1, 2, and

3 above will be enhanced by such delegation.

F. Numbered Series of Forms:

The following types of forms are used at NIH:

- Standard Forms - prescribed for mandatory use by Federal agencies. Standard Forms are approved and numbered (e.g. "SF 171") by the General Services Administration.

- Optional Forms - coordinated and numbered (e.g. "OF 41") by the General Services Administration, and are available for use on an optional basis to Government agencies. They are developed by Federal agencies.

- Other Government Agency Forms - developed and numbered by other Federal agencies, but available for use throughout Government.

- HHS Forms - developed within the Department of Health and Human Services and prescribed for general use throughout DHHS. They are numbered and controlled by the Reprographics Branch, Division of Administrative Services, Office of Facilities Management Service, ASMB, DHHS.

- PHS Forms - used by one or more operating components of the Public Health Service. NIH is such an operating component.

- NIH Forms - designed for NIH operations. An NIH form is produced when no other suitable form is available from higher sources. Sections H through J of this chapter describe procedures and requirements for: creating and revising NIH forms, and distributing, storing, reordering forms and using superseded editions.

G. Format Standards:

1. Title Each NIH form will show a title which concisely describes the function or purpose of the form.

2. Numbering The NIH Forms Management Officer, RMB, assigns the form number. The number is usually located in the lower left corner of the form.

3. Date All NIH forms are identified by the month and year in which they were originated or revised. This date is shown next to the form number. A new

revision date is assigned when the form is revised. Any change to the preprinted text or spacing on a form constitutes a revision.

4. Seals, Logos, Designs, or Decoration Artwork, for decorative purposes, is not authorized on NIH forms. The use of the departmental seal is restricted by HHS General Administration Manual 1-20-20D to agreement, awards, citations, diplomas and similar documents. NIH forms are not considered "similar documents." The departmental logo is normally not used on NIH forms.

5. Privacy Act Systems All NIH forms which are used in systems of records, as defined by the Privacy Act, must display the system number(s) assigned to the system(s) of records in accordance with OMB instructions. The NIH Privacy Act Coordinator, RMB, DMP, assigns systems numbers to NIH systems of records.

H. Procedure for Creating and Revising NIH Forms:

The requesting office submits the following documents to the BID forms clearance officer. After approval at that level, the documents are forwarded to the NIH Forms Management Officer for final approval.

A completed copy of Form HHS 398, Request for Form Action, signed by the BID forms clearance officer. (See Illustration 2.)

One copy of either (a) a draft of the proposed form, or (b) an outline of the information required.

A copy of any directive relating to the form, or reference to a published directive.

If central storage is desired, four copies of Form NIH 663, Request to Stock/Discontinue Forms in NIH-CSR. (See Illustration 3.) Copies of this form are available from RMB. If originating or using offices will be responsible for maintaining the supply, Form NIH 663 is not necessary.

Form HHS 26, Printing and Visual Services. (See Illustration 4.)

NIH organizations that employ their own forms analyst will also prepare and submit the following material, in addition to the above, to the NIH Forms Management Officer:

One printed copy of the form.

One copy of Form NIH 1800, Form History and Specification Record. (See Illustration 5.)

I. Distribution, Storage, and Reordering of NIH Forms:

1. Distribution The form's originating office will determine whether an initial distribution of new or revised forms will be made. The nature and use of the form will be the determining factor.

2. Storage Where demand is sufficient to support central storage costs, NIH forms are stocked by the Supply Branch (Central Stores), Division of Logistics. Offices wishing to have an NIH form stored centrally should send to the NIH Forms Management Officer four
copies of Form NIH 663. (See Illustration 3.) Storage of forms not stocked by Supply Branch (Central Stores) is the responsibility of the form's originator.

3. Reordering The area which stores a form is responsible for reordering copies to maintain the supply. To reorder forms, send to the NIH Forms Management Officer the following: a copy of Form HHS 26 (see Illustration 4) and three printed copies of the requested form.

J. Use of Superseded Editions:

Usually only the latest revision of a form is used, but occasionally a form is revised to incorporate only a minor change. In such instances, the previous edition may be used until the stock on hand is exhausted. When forms stocked in Central Stores are revised, the form's originating office will indicate on Form NIH 663 whether existing stocks will be used and if a change in usage rate is anticipated. (See Sections H and I.)

K. Special Requirements:

1. Information Collection Forms In addition to the requirements described in Sections H and I, a copy of the approval notice from OMB must be submitted to the NIH Forms Management Officer in any request to create or revise a public use form (see Section D-3). For information on obtaining OMB approval contact the NIH
Project Clearance Officer, OERT.

2. Forms Subject to the Privacy Act of 1974 The originating office must identify any form which is subject to the Privacy Act by answering "Yes" on Item 21 in Form HHS 398, Request for Form Action, and by forwarding this form to the BID's Privacy Act Coordinator for clearance. A form is subject to the Privacy Act if (a) it requests an individual to provide his or her Social Security Number (SSN), or (b) it will be used to record information on an individual's exercise of rights guaranteed by the First Amendment (freedom of speech, press, religion, assembly), or (c) if the form will be maintained in records filed in such a way that information is or will be retrieved by reference to an individual's identity.

a. When a form requests an individual to disclose his or her SSN, the form must either include a statement or have a statement attached to it which informs the individual of:

(1) the legal authority for requesting the SSN;

(2) whether disclosing the SSN is voluntary or mandatory and, if mandatory, what are the penalties for non-disclosure;

(3) the use(s) that will be made of the SSN.

For further information, see NIH Manual 1745-11.

b. Forms used to record information on individual exercise of First Amendment rights must satisfy the stringent requirements of the Privacy Act, subsection (e)(7). The Privacy Act prohibits the government from maintaining any record on how an individual exercises First Amendment rights unless one of the following conditions is met:

(1) A statute explicitly authorizes the agency to maintain such a record. It is not sufficient
if the information is relevant to an authorized activity. For example, while information on religious beliefs may be relevant in some research studies, general authority to conduct research is not sufficient to authorize collection of information about religion.

(2) The individual expressly authorizes or knowingly volunteers the information. It should be made clear to the individual that providing information on exercise of First Amendment rights is entirely voluntary and
that there will be absolutely no negative consequences if the individual does not
provide it.

(3) The record is required by the agency for an authorized law enforcement function. In this context, law enforcement is not limited to enforcement of criminal laws; it may also
extend to an agency's personnel management. For example, in carrying out its management responsibilities, an agency may keep records on statements made by employees when speaking or writing as representatives of the agency. However, we must be careful not to overstep our authority in this area.

c. If a form is filed in a collection of records from which information is or will be retrieved by reference to an individual's identity, then the form is part of the Privacy Act system of records. For such forms, follow the Checklist included as Appendix 1 to this chapter. The system manager(s) of the system(s) of records in which the form is used must review the form to assure that all requirements in the checklist are met.

If the requirements are met, the system manager will approve and sign the Form HHS 398, Request for Form Action, shown in Illustration 2.

L. Additional Information:

For further information on this manual chapter, contact the Records Management Branch, DMP, 496-2832.

M. Additional Copies:

For copies of this manual chapter send a Form NIH 414-5, "Request for NIH Manual Chapter (s) and/or I & I Memos" to the Printing and Reproduction Branch, (P&RB), Division of Technical Services, in Building 31, Room B3BE07; or call the Records Management Branch, DMP, 496-2832.

Appendix 1. Checklist for Forms which come under Privacy Act Systems of Records:

Checklist for Forms which come under Privacy Act Systems of Records

1. Include on the form the unique number(s) of the Privacy Act system(s) of records in which the form will be used.

2. Compare the information which will be recorded on the form with the descriptions in the notice of system of records. Specifically, check that:

a. The individuals on whom information will be recorded on the form fall within the "categories of individuals" described in the notice.

b. The information on the form comes within the "categories of records" described in the notice.

c. The intended use of the form within the agency is consistent with the "purpose" section of the notice.

d. Any intended use or disclosure of the form outside of DHHS is authorized by a routine use specified in the system notice, or by one of the provisions in section (b) of the Privacy Act.

e. The type(s) of individual identifiers (e.g., name, SSN) which will be used to retrieve the form are specifically included in the retrieval section of the notice.

f. The form will be filed only at places listed in the location section of the notice.

g. The form will be protected according to the

"Safeguards" described in the notice.

h. The for will be completed only by parties listed in the "record sources" section of the notice.

i. The notification and access official(s) identified in the notice will be able to locate forms pertaining to specific individuals, given the information specified in the `Notification' and `Access' sections.

j. The physical medium in which the form will be maintained (e.g. paper, microfiche) is listed in the `Storage' section.

k. The form will be retained and disposed of in accordance with the authorized disposition described in the notice.

If any of these conditions are not met, either the form must be changed or the system of records must be altered. Any alteration of the system of records must be authorized by the system manager and effected by following the procedures outlined in PHS General Administration Chapter 45-12.

3. Provide a notification statement for individuals who will be asked to provide information about themselves. The notification must state:

a. The authority (statute or Executive Order) to solicit information;

b. the purpose(s) for which the information is intended to be used,

c. the routine uses (outside the HHS) that have been established by notice in the Federal Register; and

d. if providing the information requested is entirely voluntary, required to obtain a benefit, or mandated by law, as well as the effects on the individual of not providing all or any part of the requested information.

This statement must be in a form that the individual can retain. Therefore, it can be on a separate sheet of paper, on a portion of the form that can be detached from the rest, or on a copy of the form that the individual can keep.

4. No forms can be issued until 60 days after requirements for reporting and publishing a new or altered system are met.

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